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TRANSMITTAL FORM		Application Number	10/016,497  November 1, 2001  Raymond KING		
		Filing Date			
		First Named Inventor			
		Art Unit	2157		
(to be used for all correspondence after initial filing)		Examiner Name	El Hadji Malick Sall		
Total Number of Pages in This Submission	31	Attorney Docket Number	10720/2:4		

ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts			Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Remarks  The extension-of-time request is included in the Amendment/Reply.					of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): rn receipt postcard.
I SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name Stoel Rives LLP, 900 SW Fifth Avenue, Suite 2600, Portland, Oregon 97204								
Signat	Signature WAND. ITOUR							
Printed	d name	Micah D. Stolowitz	1	( (		· · ·		
Date		August 17, 2006		1	7	Reg. No.	32,758	
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Effective on 12/08/2004.		Complete if Known				
Faes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616).	Application Number	10/016,497				
FEE TRANSMITTAL	Filing Date	November 1, 2001				
For FY 2005	First Named Inventor Raymond KING					
A - Use and alaring a small cartiful status. See 27 CER 1 27	Examiner Name	El Hadji Malick Sall				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2157				
TOTAL AMOUNT OF PAYMENT (\$) 510.00	Attorney Docket No.	10720/2:4				
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 19-4455 Deposit Account Name: Stoel Rives LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
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Application Type Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee	<u> </u>	ees Pald (\$)			
Utility 300 150 500	250 20					
Design 200 100 100	50 13					
Plant 200 100 300	150 16		<del></del>			
Reissue 300 150 500	250 60	0 300 0 0	<u> </u>			
Provisional 200 100 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee  - 20 or HP = x = x = = = = = = = = = = = = = = =	0 e Paid (\$)	Small   Fee (\$)   Fee (\$	25 00 80			
Indep. Claims  - 3 or HP = x =  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity Other (e.g., late filing surcharge): Three-month extension		oo aatlan	Fees Paid (\$) 510.00			
Other (e.g., late tilling surcharge). Infee-month extension	of rithe to feshour to Our	OG GOTTON				

SUBMITTED BY	1			
Signature	Mais U.	Motors	Registration No. (Attorney/Agent) 32,758	Telephone (503) 294-9189
Name (Print/Type)	Micah D. Stolowitz			Date August 17, 2006

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